

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	51	12	6-8-01
O.I.P.E. CLASSIFIER			5/2
FORMALITY REVIEW	SC	TC 886	05-08-01
RESPONSE FORMALITY REVIEW	LI KA	1106 83-01	11/27/01 03-15-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	6/26/01
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3	5/15/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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5/25  
5/15/01  
8/8/01  
11/2/01